HARTFORD HEALTHCARE CENTER

1202 E SUMNER ST

HARTFORD	53027	Phone: (262) 673-2220		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with D	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	94	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	106	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on $12/31$	/04:	76	Average Daily Census:	82

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	ફ	
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	53.9	
Supp. Home Care-Personal Care	No					1 - 4 Years	34.2	
Supp. Home Care-Household Services	No	Developmental Disabilities 0.0		Under 65 9.2		More Than 4 Years	11.8	
Day Services	No	Mental Illness (Org./Psy) 31.6 65 - 74 17.		17.1				
Respite Care	No	Mental Illness (Other)	13.2	75 - 84	30.3		100.0	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	38.2	**********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	3.9	95 & Over	5.3	Full-Time Equivalent		
Congregate Meals No		Cancer		Nursing Staff per 100 Residents				
Home Delivered Meals No		Fractures	9.2		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	5.3	65 & Over	90.8			
Transportation	No	Cerebrovascular	18.4			RNs	15.0	
Referral Service	No	Diabetes	1.3	Gender	%	LPNs	17.2	
Other Services	No	Respiratory	5.3			- Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.5	Male	28.9	Aides, & Orderlies	51.7	
Mentally Ill	No			Female	71.1			
Provide Day Programming for			100.0			İ		
Developmentally Disabled	No		ale ale ale ale ale ale ale		100.0			

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care		1	Managed Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	312	42	85.7	128	0	0.0	0	14	100.0	158	0	0.0	0	1	100.0	500	69	90.8
Intermediate				7	14.3	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	9.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		49	100.0		0	0.0		14	100.0		0	0.0		1	100.0		76	100.0

Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	ક	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.3	Bathing	1.3		64.5	34.2	76
Other Nursing Homes	4.2	Dressing	7.9		65.8	26.3	76
Acute Care Hospitals	83.9	Transferring	18.4		63.2	18.4	76
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.2		73.7	13.2	76
Rehabilitation Hospitals	0.0	Eating	72.4		10.5	17.1	76
Other Locations	2.8	********	******	*****	******	*******	*****
Total Number of Admissions	143	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	15.8	Receiving Resp	iratory Care	15.8
Private Home/No Home Health	6.6	Occ/Freq. Incontiner	nt of Bladder	51.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	28.9	Occ/Freq. Incontiner	nt of Bowel	44.7	Receiving Suct	ioning	0.0
Other Nursing Homes	3.3				Receiving Osto	my Care	6.6
Acute Care Hospitals	5.9	Mobility			Receiving Tube	Feeding	5.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.3	Receiving Mech	anically Altered Diets	13.2
Rehabilitation Hospitals	0.0						
Other Locations	7.9	Skin Care			Other Resident C	haracteristics	
Deaths	47.4	With Pressure Sores		14.5	Have Advance D	irectives	77.6
Total Number of Discharges		With Rashes		11.8	Medications		
(Including Deaths)	152	İ			Receiving Psyc	hoactive Drugs	71.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	Proprietary Peer Group % Ratio		-199	Ski	lled	Al	1		
	Facility	Peer			Group	Peer	Group	Faci	lities		
	%	8			Ratio % Ratio % Rat		% Ratio		Ratio	%	Ratio
Occurrence Pates Assessed Pails General/Timered Pada	77.4	06.4	0.89	06.5	0.89	87.3	0.89	00.0	0.87		
Occupancy Rate: Average Daily Census/Licensed Beds		86.4		86.5				88.8			
Current Residents from In-County	73.7	85.0	0.87	87.0	0.85	85.8	0.86	77.4	0.95		
Admissions from In-County, Still Residing	25.2	18.1	1.39	18.9	1.33	20.1	1.26	19.4	1.30		
Admissions/Average Daily Census	174.4	199.9	0.87	188.2	0.93	173.5	1.01	146.5	1.19		
Discharges/Average Daily Census	185.4	201.1	0.92	190.4	0.97	174.4	1.06	148.0	1.25		
Discharges To Private Residence/Average Daily Census	65.9	83.1	0.79	77.5	0.85	70.3	0.94	66.9	0.98		
Residents Receiving Skilled Care	90.8	95.8	0.95	95.9	0.95	95.8	0.95	89.9	1.01		
Residents Aged 65 and Older	90.8	84.4	1.08	90.5	1.00	90.7	1.00	87.9	1.03		
Title 19 (Medicaid) Funded Residents	64.5	61.2	1.05	56.3	1.15	56.7	1.14	66.1	0.98		
Private Pay Funded Residents	18.4	13.7	1.34	22.2	0.83	23.3	0.79	20.6	0.90		
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00		
Mentally Ill Residents	44.7	30.0	1.49	29.0	1.54	32.5	1.38	33.6	1.33		
General Medical Service Residents	10.5	23.2	0.45	25.4	0.41	24.0	0.44	21.1	0.50		
Impaired ADL (Mean)	49.7	52.9	0.94	52.6	0.95	51.7	0.96	49.4	1.01		
Psychological Problems	71.1	51.7	1.38	55.4	1.28	56.2	1.26	57.7	1.23		
Nursing Care Required (Mean)	8.4	8.4	1.00	7.7	1.10	7.7	1.09	7.4	1.13		